

Flexible Spending Account Change



- Submit this form to Benefits and Retirement Operations, Exchange Building EXC-ES-0300, 821 Second Ave., Seattle 98104-1598, or fax it to 206-684-1925 to request changes to your Flexible Spending Account. Benefits and Retirement Operations will verify the changes and forward them to Personal Choice Account (PCA) if they qualify.
- Questions? E-mail kc.benefits@metrokc.gov or call 206-684-1556.

Indicate personal information that's changed

Check all changes you're making and provide the information indicated. This will update your personal information to PCA, but not to the county payroll system. To update the county payroll system, submit a Personal Information Update form to your payroll clerk or personnel representative. The form is available at www.metrokc.gov/employees/benefits/health_and_insurance/forms.aspx#address or from your payroll representative.

<input type="checkbox"/> Name	Old _____	New _____
<input type="checkbox"/> Phone	Old (_____) _____	New (_____) _____
<input type="checkbox"/> Address	Old _____	New _____
	Street/PO Box Apt. No	Street/PO Box Apt. No
	City State ZIP	City State ZIP

Indicate Health Care FSA contribution change

This form must be received within 30 days of a qualified status change to change contributions; see page 2 for a list of qualifying status changes that allow you to change your contributions.

From \$ _____ to \$ _____ PER YEAR in 200 _____

Describe qualifying change _____

Effective date of Health Care FSA contribution change _____

Indicate Dependent Care FSA contribution change

This form must be received within 30 days of a qualified status change to change contributions; see page 2 for a list of qualifying status changes that allow you to change your contributions.

From \$ _____ to \$ _____ PER YEAR in 200 _____

Describe qualifying change _____

Effective date of Dependent Care FSA contribution change _____

Authorize your change

I have read and understand this form, including the information about qualified status changes on page 2. The information I have provided is true, correct and complete, and amends previously submitted information. I authorize King County to make any payroll deductions or refunds resulting from my requested change.

Employee signature _____ Date signed _____

Printed name _____ Contact phone (_____) _____

Paid ☐ 5th and 20th ea month ☐ Every other Thursday PeopleSoft Employee ID _____

Office use only	Date received	Processed by	Date change effective	Date forwarded to PCA
-----------------	---------------	--------------	-----------------------	-----------------------

Qualified Status Changes

Name/Phone/Address

You may change your name, phone number or address anytime.

The Flexible Spending Account form will update your personal information to PCA, but not to the county payroll system. To update the county payroll system, submit a Personal Information Update form to your payroll clerk or personnel representative. The form is available at www.metrokc.gov/employees/benefits/health_and_insurance/forms.aspx#address or from your payroll representative.

Health Care and Dependent Care Flexible Spending Account Contributions

Generally, you re-enroll each year at open enrollment to continue participating in an FSA and the elections you make at open enrollment remain in effect for the calendar year. However, you may change your contributions to an FSA between open enrollments when certain qualifying status changes occur if Benefits and Retirement Operations receives your change request within 30 days of the change and it's consistent with the status change.

Status changes that may qualify you to change your contributions to an FSA between open enrollments include:

1. Change in your legal marital status due to marriage, legal separation, annulment, divorce or death of a spouse
2. Change in the number of your tax dependents due to birth, adoption or placement for adoption, or death of a dependent
3. Change in employment status for you, your spouse or dependent due to termination or commencement of employment, reduction or increase in work hours, switch from salaried to hourly-paid/union to non-union/part-time to full-time, strike or lockout, beginning or return from unpaid leave of absence or any other change which affects benefit eligibility
4. Change in the place of residence or work of you, your spouse or dependent which affects benefit eligibility
5. Change that causes a dependent to satisfy or cease to satisfy the requirements for coverage due to age, gain or loss of student status, marriage or any similar circumstances provided for in the benefit plans
6. Change due to certain judgments and court orders
7. Change in cost of dependent care due to change in provider
8. Significant change in coverage or cost due to employer benefit plan changes.